



**2021-2022 (For 2022-2023 Training Yr)**

**U.S. Department of Veterans Affairs**

**Gulf Coast Veterans Health Care System**

**Doctoral Internship in Psychology**

**Biloxi, Mississippi**



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## WELCOME

The Psychology Internship Training Faculty at the Gulf Coast Veterans Health Care System (GCVHCS) greatly appreciates your interest in our doctoral internship in health psychology. Our program has been in existence since 1951 and continually accredited since 1981. Our program aims to train interns to provide evidenced based and recovery focused clinical care and be a critical consumer of scientific research. We value the contributions interns make to our training program and the care of Veterans all along the Gulf Coast, and we have a strong commitment to promoting the development of interns' clinical skills and professional competences, all while honoring interns' individualized professional goals. Beyond the contributions interns have made during their internships, they often go on to take staff psychologist positions here and continue to contribute to the legacy of our program. Please let us know if you have any questions as you consider your internship opportunities. We look forward to reviewing your application. Thank you for your interest in our program.

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## PROGRAM INFORMATION

### Our Vision

The Psychology Internship training program embraces the philosophy that the pre-doctoral internship year represents a transition period for the emerging professional psychologist during which the intern moves from the role of graduate student to that of the autonomous professional. Training and supervision during the year should prepare the intern to enter the field of health service psychology with those skills needed to function independently and with the confidence and professional self-awareness to make maximum use of the individual's talents. Therefore, our training goal is to develop generalists who can function in a broad range of professional settings using a variety of skills. Reciprocally, our training program stimulates and enriches the training faculty and enhances the quality of patient care.

The internship program emphasizes a generalist specialty with development of extensive proficiencies in various facets of psychology (i.e., personality, intellectual, neuropsychological and psycho-diagnostic assessment, psychotherapy, scholarly inquiry, research competence, consultation) with a rural Veteran patient population. The training year provides time to develop professionally and to set the stage for further post-doctoral specialization to enhance the diversity of the training experience. The faculty encourages applications from individuals with a variety of competencies and interests. The program facilitates professional development of interns by increasing their sensitivity to the cultural and individual diversity of the patients we serve and the professionals with whom we work. Significant attention is given to encouraging interns' personal, professional, and ethical development, consistent with the demands of becoming a psychologist.

### Our Goals

The primary goal of the program is to train future independent licensed practitioners whose clinical decisions are informed by the integration of science and professional practice of

psychology, in keeping with a Scholar-Practitioner Model. Significant attention is given to encouraging the intern's personal, professional and ethical development, consistent with the developmental needs of becoming a health service psychologist. Attention is also given to intern training needs, long term professional goals, and anticipated public health needs. Our specific goals for interns include:

**Growth in Knowledge**

We focus our clinical training and didactics on preparing a rich professional practitioner knowledge base. The internship is designed to provide a broad range of training experiences in the contemporary practice of professional psychology with some opportunity for subspecialty training and to satisfy licensure requirements for most states in the U.S.

**Sensitivity to Cultural and Individual Diversity**

We strive to provide the interns diverse and wide-ranging clinical training experiences with an appreciation of multicultural/diversity sensitivity. The program facilitates professional development of interns by increasing their sensitivity to the cultural and individual diversity of the Veterans we serve, including those living in rural areas, and the professionals with whom we work. To enhance the diversity of the training experience, the faculty encourages applications from individuals with a variety of competencies and interests, as well as applicants from diverse backgrounds.

**Appreciation of Professional Diversity**

The program is designed so that interns have interactions with and supervision by several of the training faculty. This provides for a broad range of experiences with psychologists who have diverse racial, gender, academic, theoretical, practice, and specialty backgrounds. Further, many of our training opportunities incorporate an interprofessional approach to treatment, allowing interaction with an interdisciplinary team.

**Generalized Competence**

The internship program emphasizes and develops a broad range of generalist skills (i.e., personality, cognitive, neuropsychological and psycho-diagnostic assessment, psychotherapy, scholarly inquiry, research competence, consultation) with diverse Veteran patient populations.

**Preparing for Future Professional Roles**

The training year provides time to develop professionally and to set the stage for further post-doctoral specialization in the areas of health psychology/behavioral medicine, neuropsychology, geropsychology, and posttraumatic stress disorder. Interns will be prepared to assume clinical and research-focused professional health care positions wherein they will provide empirically based interventions and likewise contribute to the professional knowledge base. The Veterans Health Administration (VHA) prides itself on

providing state-of-the-art training for healthcare professionals, then hiring former VA trainees to serve Veterans in their professional careers. Our internship program embraces these values, and many of our graduates go on to successful careers in VHA.

### **Our Model**

In keeping with our goals, all internship training is designed to be sequential, cumulative, and graded in complexity as the year progresses to meet both the needs of the interns and community at large.

#### **Rotations**

Each intern completes three, four-month rotations. Currently, no rotations are required, allowing interns to choose the training opportunities that will best help to meet their longer-term professional goals. Split rotations (two half-time rotations) are possible, with the prior approval of the supervisors involved and the Director of Training. Rotation offerings may vary depending on supervisory availability. The Director of Training has final approval on all rotations.

#### **Long Term Projects**

The long-term project gives each intern the opportunity to design and pursue a specialized training experience in which he or she will participate throughout the entire training year. The long-term project may be clinically oriented, may focus on program development, may involve another facet of service provision (e.g., outreach, prevention, etc.), or may involve research. Four hours per week is devoted to the long-term project.

#### **Dissertation Support**

Although interns will be very busy with their clinical work, the training faculty encourages them to organize their professional activities, whether on-duty or off-duty, so that progress continues the dissertation. While support in completing the dissertation is available on a limited basis, it is presumed that interns have proposed their projects, collected data, and are in the final stages of analysis and write-up when they begin their internship year. Some dissertation topics, however, require samples that can only be obtained in settings like our Healthcare System. In the past, some interns have utilized our Veteran population to collect dissertation data. This arrangement, though, is not guaranteed to be available and would require extensive preparation in reference to IRB and the GCVHCS Research and Development Office requirements prior to initiation of the internship or very soon after initiation of the internship. We prefer that interns complete their dissertations during the training year, and then focus intensely on licensure and obtaining postdoctoral employment.

#### **Additional Training**

Each Thursday is devoted to training seminars, group supervision, or other meetings (CE programs, Grand Rounds presentations, Training Supervisors Meeting). Other training activities include conducting cognitive and personality assessments with Veterans,

serving a term as Chief Intern, and developing and implementing self-care stratagems/skills as a means of promoting a greater work-personal care balance during the workday.

### **Supervision and Evaluation**

Supervision is an integral part of the training program and is designed to foster education, professional competence, personal and professional growth, ethical responsibility, and personal integrity. At the beginning of the internship year, the Director of Training reviews the goals of supervision, process of supervision, and characteristics of good supervisors and supervisees. Outlines of this information are provided for each intern to reference during the training year. Supervisors are licensed psychologists who share their knowledge and expertise, model technique and professional behavior, and encourage interns to develop generalist skills using a variety of assessment-diagnostic, intervention, treatment team consultation, and research methods. Interns are expected to apply critical thinking and contemporary, empirically based skills to professional, legal, and ethical issues related to the practice of psychology. Interns receive a minimum 4 hours of supervision per week, at least two of which are individual supervision. The remaining supervision hours occur through extra individual or group supervision, including the weekly Group Supervision meeting with training leadership. Additional supervision may likely occur through other scheduled or unscheduled and formal or informal supervision contacts and sessions.

Specific rotation activity goals and objectives are communicated to interns in writing at the onset of each rotation activity. Faculty supervisors meet monthly to discuss the progress of interns toward meeting these goals and objectives. At mid-rotation, supervisors and interns are prompted to exchange feedback on the rotation experience and review goals and objectives. Patient and hospital staff feedback are reviewed and integrated into the evaluation of intern progress. At the end of each rotation, interns and their primary supervisor(s) complete formal, written competency evaluations that are forwarded to the Director of Training. The information in these evaluations is used by the DOT to provide ongoing feedback to interns, supervisors, and academic training directors. Successful completion of relevant rotations, seminars, and general activity objectives constitute exit criteria for completion of the program.

### **Problem Issues and Due Process Resolution**

Normally, problematic behavior or less than satisfactory performance is resolved by the intern and the rotation supervisor. In rare instances, formal remediation is necessary. We have a written due process document which details policies and procedures that are implemented in these cases. The procedures for handling grievances are designed to protect the rights of the student, the supervisor and the training program.

**Required Hours and Holidays**

There are 10 Federal Holidays throughout the year and interns accrue 13 days each of Annual Leave and Sick Leave as Federal Employees. In order to certify the 2000 hour per year requirement of most states and account for time off on holidays and use of Leave, interns are required to obtain and document an average of 45-50 hours of work per week.

**Training in the Age of COVID-19**

**Remote Seminars:** Seminars may be offered remotely, with presenters and participants at different locations during the seminar transmission. Remote seminars may be offered by Teams, Zoom, or other approved platforms, and information will be readily available to participants in advance of the seminar. The expectation is that any seminars offered remotely will be attended in their entirety, with Interns actively participating.

**Telework:** Interns who have completed initial Orientation requirements and have demonstrated adequate clinical and administrative skills relative to their desired rotations may be eligible for telework during a public health crisis. Telework is a privilege, requiring adherence to a formal Telework Agreement and completion of all prerequisites for telework. The safety of our Veterans and Interns are always at the forefront of what we do, but while every effort is made to secure telework during any public health crisis, telework itself is not guaranteed and can be limited. It is important for Interns to maintain an online presence and complete clinical and/or administrative duties as effectively as they would in person when they are teleworking. In this way, we can know that our Veterans and our Interns are always safe during any public health crisis.

**Unique Circumstances:** *Reasonable efforts will be made to maintain safety of all Interns throughout their participation in the program. Facility requirements related to face-to-face contact with Veterans and colleagues will be provided to each Intern, and adherence to these requirements is obligatory. Interns who require accommodations for a disability should seek these accommodations via the Human Resources department.*

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**ANTICIPATED ROTATIONS 2021-2022**

**Acute Inpatient:** During the Acute Inpatient rotation, the intern will become a part of an interdisciplinary treatment team consisting of representatives from psychology, psychiatry, social work, nursing and allied health disciplines. The intern is afforded an opportunity to assess and intervene with patients from diverse backgrounds, exhibiting florid presentations of a wide range of psychiatric-behavioral disorders. The intern will be involved with various activities including, but not limited to, intake interviewing, development of treatment plans, consultation, providing

patient education, individual and group psychotherapy, and conducting diagnostic assessments. This rotation serves as a rich source of clinical training in the area of clinical assessment.

**Behavioral Medicine/Health Psychology (Half-Time):** The Clinical Health Psychology/Behavioral Medicine rotation emphasizes use of an expanded biopsychosocial perspective in the prevention and treatment of health-related conditions. The mission of Health Psychology is to maximize the physical and psychological functioning of Veterans through health promotion programs, individual goal-oriented treatments, and group psychoeducational programs that teach self-management of chronic medical conditions, while additionally reducing overall health care costs through application of these programs. We operate under the premise that learned ways of thinking and behaving can compromise health or promote wellness. Interns on this rotation are trained to respond to consultations from healthcare providers and to assess and treat a wide variety of medical conditions that are caused or impacted by lifestyle and/or psychological factors. Medical conditions frequently treated by health psychologists include chronic pain, chronic obstructive pulmonary disease, cancer, tension and migraine headache, temporomandibular disorders, insomnia and other sleep disorders, diabetes, irritable bowel syndrome, obesity, and compliance with difficult medical regimens. They may also offer disease management, primary prevention, and health promotion programs (e.g., tobacco cessation, weight loss), as well as programs in population health management. Interns may work with interdisciplinary teams comprised of a variety of health-care professionals. Current programs of this type may include the OEF/OIF Traumatic Brain Injury/Polytrauma program, OEF/OIF/OND Post-deployment Clinic, Inpatient Medical/Surgical Unit, and the MOVE! weight management program. Currently, a substantial amount of clinical time is spent evaluating and treating Veterans in the Behavioral Sleep Medicine (BSM) clinic, to include learning/delivering Cognitive Behavioral Therapy for Insomnia (CBT-I). References for this rotation include:

Belar, C., & Deardorff, W. (2009). The practice of clinical health psychology in medical settings. American Psychological Association.

Buyse, D. (2014). Sleep Health: Can we define it? Does it matter?. *Sleep*, 37(1), 9-17c. <https://doi.org/10.5665/sleep.3298>

Harvey, A. G., & Buysse, D. J. (2018). Treating sleep problems: a transdiagnostic approach. New York: The Guilford Press.

Mead, M., & Irish, L. (2019). Application of health behaviour theory to sleep health improvement. *Journal Of Sleep Research*. <https://doi.org/10.1111/jsr.12950>

Walker, M. (2017). Why we sleep. New York: Scribner.

**General Mental Health (Outpatient):** The Mental Health Outpatient Clinic (MHOC) is multidisciplinary and provides opportunity for interprofessional training. The clinic is staffed by psychologists, psychiatrists, pharmacists, physician assistants, nurse practitioners, social

workers, addiction therapists, and nurses. It is an open clinic, which means that it accepts consults and referrals from all services throughout the hospital. The clinic provides a wide range of mental health services, as well as coordination of Veteran care across the facility. The population served by this clinic is diverse and represents a wide range of clinical issues and presenting problems. Frequently presented clinical issues and diagnoses include: mood disorders, substance related disorders, schizophrenia and other psychotic disorders, anxiety disorders, sleep disorders, impulse control disorders, personality disorders, bereavement, marital discord, anger management, emotional dysregulation, gender and sexual disorders, pain disorders, combat and non-combat PTSD, Military Sexual Trauma (MST), and Adjustment Disorders. Less frequently presenting issues include Eating Disorders, Somatoform Disorders, and Dissociative Disorders. Comorbidity is present in most patients treated within this clinic, which provides an even broader and more diverse exposure for interns. The Veteran population is diverse with respect to racial/ethnic identity, gender, and age and typically corresponds with our local VA Medical Center catchment population.

**Geropsychology-General:** In response to pandemic-related limitations for accessing the Community Living Center (CLC), a general geropsychology rotation was created until a time when doctoral psychology interns can again readily access the CLC for provision of psychological services. This rotation provides services to individuals over 60 years of age across multiple other service clinics (e.g. Acute inpatient, PR RTP, GMH, etc.) and is readily customizable to a large degree between emphasizing brief assessment, psychotherapy/counseling for individuals presenting with age-related difficulties (e.g. Death of spouse, life transitioning difficulties after retirement, coping with loss of functional autonomy with decline of physical capacity, etc.), research analysis and compiling psychotherapy and psychoeducational resources, and other options. Engagement in the geropsychology-general rotation requires approval from the Director of Training for the 2<sup>nd</sup> and 3<sup>rd</sup> rotations, and may be provided as a full or half-time rotation.

**Neuropsychology:** Interns on this rotation assist in conducting neuropsychological assessments for referred patients, progressing to increased independence in administering the evaluations over the course of the rotation and writing the integrated report. Referral questions include differentiating normal aging and early dementia, determining cognitive functioning after moderate-to-severe head injury or after a significant illness affecting the central nervous system, and assessing the potential impact of cognitive difficulties on work performance.

**Residential Rehabilitation Treatment Program-Domiciliary (RRTP-DOM):** RRTP-DOM is a 72-bed residential program where Veterans live in a therapeutic community setting and receive treatment for PTSD, chronic mental illness (CMI), and/or substance use disorders (SUD). Veterans who are homeless and seeking to become employed full-time may also be eligible for the compensated work therapy (CWT) program. Veterans attend structured group therapy and lectures, process groups and individual therapy. A wide variety of interventions are offered across these modalities of treatment including anger management, mood management, introduction to 12-Step Recovery, education on the biological basis of addiction, medication management of symptoms, and ambulatory detox if needed. Veterans with a history of substance use disorders

are also required to attend AA/NA meetings. The average length of stay for Veterans in the RRTP-DOM, apart from those participating in CWT, is 45-days.

Interns on this rotation acquire skills necessary to function as a member of a multidisciplinary treatment team, will conduct psychological interviews on new admissions, develop mental health treatment plans for individual patients, conduct suicide risk assessments, and create safety plans. To develop the skills necessary to function as a member of a treatment team, interns will attend treatment team meetings and at least one weekly screening committee meeting. This rotation also affords interns the opportunity to acquire skills in conduction of individual and group psychotherapy for patients which address a wide variety of behaviors that arise from substance abuse/dependence, PTSD, and/or CMI. Interns will conduct weekly individual psychotherapy and co-facilitate group therapy sessions. Interns develop their own learning plans, much like the treatment plans developed by our individual patients. They may select to work with any variety of patients and groups.

**Military Sexual Trauma (Half-Time):** In addition to honing skills in empirically-based treatment of Veterans with sexual trauma, this part-time rotation offers an opportunity to engage in program development activities across our Health Care System (e.g., creating, organizing, and participating in outreach activities, as well as advocating and helping foster a welcoming environment and expanding clinical competency by conducting staff education presentations).

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## POSSIBLE ADDITIONAL ROTATIONS 2021-2022

**Geropsychology-CLC:** Interns who select the Geropsychology rotation work primarily geriatric Veterans in the Community Living Center (CLC) performing psychological and neurocognitive assessments and providing interventions. The intern works in conjunction with geriatricians, often attempting to improve patient functioning to allow return to a home-based environment. Other cases involve working to improve quality of life, enhance emotional integrity, help modify maladaptive or disruptive behaviors, and foster a sense of community for veterans who are expected to remain residents of the CLC. Opportunities are available to work with Veterans and their families in the Hospice Program, Rehabilitation Program, Transitional Care Unit, Dementia Unit, and residential “neighborhoods.”

**Home Based Primary Care (Half-Time):** The Home-Based Primary Care Psychology (HBPC) rotation is an amalgam of health and geriatric psychology provided in the Veteran’s home, often located in rural areas. By supplying these Primary Care services within the Veteran’s home, an ecological context for implementation and assessment of our behavioral health interventions is established. A traditional biopsychosocial model suggests that biological, psychological, and social factors impact a Veteran’s disease process; however, services that are developed from this mold are traditionally provided and researched in a static environment, i.e., a medical center. In HBPC, we intervene from every perspective guided by the Veteran’s environment. We work with the family, neighborhood and church friends, nursing services, home health, dieticians, occupational health, social work, chaplaincy, and primary care physicians. This places Psychology

in a unique position to ensure that a Veteran's entire surroundings are modified to promote lasting change. On occasion, interns will have the opportunity to work with a Veteran approaching the end of his or her life. The intern will be trained in assessing the psychosocial needs of the dying Veteran, family, and caregivers. Psychosocial needs may include processing with the Veteran his or her cultural, spiritual, and existential concerns. Assessment opportunities include training in financial, healthcare, decisional capacity, and independent living capacity evaluations. Interns may conduct diagnostic assessments for PTSD, MDD, GAD, dementia, etc. It is not uncommon for the intern to assess whether the Veteran's physical disease or treatment of the disease is impacting his or her emotional distress and/or cognitive impairment.

**Primary Care Mental Health Integration (PCMHI):** The Integrated Primary Care Mental Health rotation offers interns the opportunity to work as embedded practitioners in the outpatient primary care clinics. Here, interns will serve as first points of contact for Veterans newly expressing mental health concerns and/or seeking mental health services. An integral component of this position is collaborating with physicians, nurses, nurse practitioners, physician's assistants, dietitians, and clinical pharmacists to ensure that a holistic approach is taken in treating each veteran. Through this rotation, interns also could gain experience in lethality assessment and crisis intervention. This area of service is rapidly growing within the VA system, as the standard of care increasingly involves a team approach to treatment with the goal of providing all the Veteran's healthcare needs under one roof. Through the Integrated Primary Care Mental Health rotation, interns may hone their skills in clinical interviewing, diagnosis, and triage in addition to providing short-term, solution-focused treatment (i.e., four to six sessions) and addressing issues incorporating both mental health and behavioral health components. As with the MHOC, the Integrated Primary Care Mental Health accepts referrals from most other services.

**PTSD Clinical Team (PCT – Outpatient):** This rotation traditionally offers an opportunity for interns to experience working in an outpatient PTSD specialty clinic. While the priority for the Biloxi PCT is serving Veterans with PTSD or Trauma-related disorders resulting from combat, opportunities typically exist to work with other types of trauma as well (e.g., training accidents, military sexual trauma, etc.). Most of the Veterans treated within the PCT have served in combat theaters including Vietnam, Gulf War (Deserts Storm and Shield), and post-9/11 conflicts (e.g., Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND). One of the goals of the Biloxi PCT are to administer gold-standard and psychotherapies (i.e., PE, CPT, EMDR) per VA/DoD Clinical Practice Guidelines as much as possible. There has also generally been ample opportunity to gain experience using motivational interventions (MI, ACT, etc.) to prepare Veterans for PTSD EBPs.

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## OUR FACILITIES AND LOCATION

The Biloxi Medical Center is the administrative hub of the health care system, and home to medical and surgical in- and outpatient programs, Primary Care medical teams, Emergency

Department, extended care programs providing rehabilitative therapies and geriatric care, and various specialty clinics. Inpatient and outpatient mental health services for Veterans in the rural and urban Mississippi Coastal area are also located in Biloxi. In addition to general psychiatry and geropsychiatric inpatient units, outpatient programs include a Mental Health Clinic, Psychosocial Rehabilitation and Recovery Center (PRRC), Post-Traumatic Stress Disorders Clinic, and Women's Mental Health Clinic. The Psychosocial Residential Rehabilitation Treatment Program provides intensive bed programs for substance abuse, PTSD, serious mental illness and homelessness-work therapy. The Mobile, Eglin, and Panama City Outpatient Clinics as well as the Joint Ambulatory Care Center provide community-based primary medical and mental health care to eligible southern Alabama and northwest Florida Veterans with the Biloxi VA Medical Center providing tertiary inpatient care as needed. All treatment (i.e., mental health, medical, or extended care) is formulated under the primary care model with patients assigned to single providers supported by specific health care teams. Interns in our Biloxi Internship program may rotate to the CBOC or JACC facilities, as well as within our main facility, should there be willing faculty at these alternative sites.

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## OUR AREA: THE GULF COAST

The Gulf Coast area is a relaxed beach resort setting. French and Spanish explorers settled the area in the late 1600's attempting to gain strategic and economic control of the mouth of the Mississippi River. The area has been home to Native Americans (the Biloxi Indians), French Acadians ("Cajuns"), African Americans, Slavic Fishermen, and more recently, Vietnamese Americans. Since the 1950's, numerous federal agencies and large industries have been located here including: the National Space Technologies Laboratories, the National Oceanographic and Atmospheric Administration, Keesler Air Force Base (a major Air Force electronics, communication, and medical/surgical training facility, the home of the Naval Construction Battalion (Seabees), and the Pensacola Naval Flight Training Center (home of the Blue Angels precision flying team).

The Mississippi Gulf Coast is a major tourist destination and is home to several casinos with their related hotels, fine dining and entertainment facilities. Each year, the interns enjoy many Coast diversions including Mardi Gras, art and entertainment festivals, yacht and powerboat racing, and various fishing rodeos and seafood festivals. Some other noteworthy annual events include: "Cruisin' the Coast" hosting some 5000 antique and classic cars, "Smokin' the Sound" offshore powerboat races, and the Mississippi Deep Sea Fishing Rodeo. Fine cuisine and entertainment have always been a part of the Mississippi Gulf Coast tradition, as have the 26 miles of beach and the bays, bayous and rivers with their associated water sports and recreation. The Gulf Coast Coliseum and Convention Center is host to big name concert entertainment, boat and camper shows, arts and crafts exhibitions, and numerous conventions. In 2015, Biloxi became home to a minor-league baseball team, the Shuckers.

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## RESEARCH FACILITY

The Gulf Coast Veterans Health Care System is accredited as a research facility by the Association for the Accreditation of Human Research Protection Programs (AAHRPP). In our efforts to provide quality and cutting-edge care to Veterans, this facility encourages all disciplines to pursue research endeavors. Some training faculty members actively pursue their own research programs, which may translate to opportunities for interns to participate in research.

### **Our Information Resources**

The Department of Veterans Affairs has been a leader in the development of the computerized medical record. The VA's Computerized Patient Records System (CPRS) is currently the most sophisticated system in use. Interns will utilize CPRS for chart review of progress notes, consults, radiological reports, health care summaries, discharge summaries, pharmaceutical information, etc. All employees and interns have accounts on the health care system computer network (VISTA – a VA internal intranet system), general internet access, and an e-mail address. Computers are available in all psychology stations (including intern offices). Most health care system communications are conducted via computer. Behavioral Health Service led the way in transitioning the Gulf Coast Veterans Health Care System to the computerized medical record. The Information Management Service-Information Center staff support the clinical, educational, and research activities of the health care system by providing knowledge-based resources in electronic and print formats. The Electronic Library webpage provides a core collection of traditional text resources (book titles, subscriptions, and audiovisual materials and equipment) and an extensive collection of electronic resources. Interlibrary Loan service and assisted computerized literature searches are available. Satellite teleconferencing (i.e., V-Tel) allows live training by, and real-time interactions with, national and international experts.

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## **SEMINARS**

### **Neuropsychology Seminar**

The Neuropsychology Seminar consists of presentations designed to provide basic education about Veterans in the areas of Neuropsychology, including information about the various domains and disorders that are assessed, basic neuroanatomy, test administration, and report writing. It includes training in the use of standardized tests such as the Neuropsychological Assessment Battery and Delis-Kaplan Executive Function System. It is useful for individuals preparing to take the EPPP who have had no coursework in Neuropsychology, and it serves as a review for those who have. Discussion of the various domains and disorders are supplemented with case presentations pertinent to the topic being discussed.

Food for thought in Neuropsychology:

Wilson, H., Pagano, G. & Politis, M. (2019). Dementia Spectrum Disorders: Lessons learnt from decades with PET Research, *Journal of Neural Transmission* (2019) 126, 233–251.

Ahmed, Z., Mackenzie, I.R., Hutton, M.L. et al. (2007). Progranulin in frontotemporal lobar degeneration and neuroinflammation. *J Neuroinflammation* 4, 7. <https://doi.org/10.1186/1742-2094-4-7>.

Jellinger K. A. and Korczyn, A. D. (2018). Are dementia with Lewy bodies and Parkinson's disease dementia the same disease? *BMC Medicine* 16, 34. <https://doi.org/10.1186/s12916-018-1016-8>.

Shany-Ur, T., Lin, N., Rosen, H. J., Sollberger, M., Miller, B. L. & Rankin, K. (2014). Self-awareness in neurodegenerative disease relies on neural structures mediating reward-driven attention. *Brain: A Journal of Neurology*, 137, 2368–2381.

Hickey, C., Chisholm, T., Passmore, M. J., O'Brien, J. D. & Johnston, J. (2008). Differentiating the Dementias. Revisiting Synucleinopathies and Tauopathies. *Current Alzheimer Research*, 5, 52-60.

Gruters, A.A., Christie, H.L., Ramakers, I.H., Verhey, F.R., Kessels, R.P. & de Vugt, M.E. (2020). Neuropsychological assessment and diagnostic disclosure at a memory clinic: A qualitative study of the experiences of patients and their family members, *The Clinical Neuropsychologist*, 1-17. DOI: 10.1080/13854046.2020.1749936.

Barbeau, E.J., Ronat, L. & Didic, M. (2020). Case studies and neuropsychology of memory: now it's over? *Neuropsychology Journal*, 12 (1), 19-25. DOI: 10.1684/nrp.2020.0536

### **Psychodiagnostics Seminar**

The weekly Psychodiagnostics Seminar is designed to help interns become more proficient in relating psychopathological signs and symptoms to diagnostic criteria. In addition to a thorough review of the DSM-5 diagnostic nomenclature, case examples are presented and discussed. This seminar also provides an opportunity to examine unusual and problematic cases that present in various settings that interns may rotate through during the training year. Some pertinent readings include:

Marshall, R. D., Yehuda, R., & Bone, S. (2000). Trauma-focused psychodynamic psychotherapy for individuals with post-traumatic stress symptoms. In *International handbook of human response to trauma* (pp. 347-361). Springer, Boston, MA.

Conroy, D. E., & Benjamin, L. S. (2001). Psychodynamics in sport performance enhancement consultation: Application of an interpersonal theory. *The sport psychologist*, 15(1), 103-117.

### **Fireside Chat Pedagogy**

The function of Fireside Chat Pedagogies is to provide a more casual and informal form of teaching that fosters cohesive discussion and analysis of complex topics. This form of pedagogy is intended to shift away from the more unidirectional method of conveying information that exists within a more classical didactic-lecture paradigm. Topics of fireside chats will widely vary and may include a variety of topics that may be brought forth by the pedagogy facilitator.

Facilitators will rotate amongst faculty, clinical psychologists not on faculty, and representatives from other disciplines.

### **Psychological Assessment Seminar**

The Psychological Assessment Seminar meets weekly for the entire year. The goal of the assessment seminar is to help the intern acquire the skills necessary to select, administer, score and interpret a battery of diagnostic psychological tests. In addition to training in the use of objective and projective assessment instruments, the intern will learn to conduct and document the results of a mental status examination. Relevant concepts will be richly illustrated using case history materials gathered from past and present medical center patients. The seminar also includes instruction in the preparation of the psychological testing report, a review of current literature related to assessment, and discussions of cultural and ethical considerations. Interns are encouraged to bring test data to the seminar for discussion.

### **Evidence Based Psychotherapy (EBP) Seminar**

The Evidence Based Psychotherapy (EBP) seminar is offered monthly and allows for didactic presentations by training faculty dedicated to education in EBPs by EBP-trained staff members. The seminar provides an overview of the theory and practice involved in various VA-approved evidence-based psychotherapies. Currently, this seminar is shared with the Rural & Underserved Interprofessional Fellowship Program. Treatments covered include Motivational Interviewing, Cognitive Behavioral Therapy for Insomnia, Acceptance and Commitment Therapy, Interpersonal Therapy, Cognitive Processing Therapy, Prolonged Exposure, Integrative Behavioral Couple Therapy, and Cognitive Behavioral Conjoint Therapy for PTSD.

### **Conceptualization Seminar**

The Conceptualization Seminar is oriented around developing basic clinical conceptualization abilities that may be used to: (1) swiftly and flexibly conceptualize a range of cases; (2) facilitate understanding of behavior from a more “whole” perspective that can explain both adaptive and maladaptive behavior; and (3) provide a counterpoint balance to the reductionistic method of modern psychodiagnostics. Seminars will mostly be interactive and emphasize simple conceptual models (e.g. biopsychosocial) over more complicated and rigid, pathology-oriented conceptual models.

### **Biology and Behavior Seminar**

Biology and Behavior Seminar is a more topic-flexible seminar that revolves around the interplay between biology and behavior. Topics will be drawn from psychopharmacology, neurology, brain-body connection, and other domains of knowledge. Methods of instruction may involve PowerPoint lectures, article processing, and/or a general discussion of theory.

### **The Interprofessional Report and Overview of Chart (IROC) Seminar**

The Interprofessional Report and Overview (IROC) seminar/meeting is composed of an interprofessional team consisting of the doctoral psychology interns along with PharmD

resident(s), postdoctoral psychology fellows, a post-master's fellow in Social Work, and members of the Clinical Pastoral Education training program. Faculty members of the internship and interdisciplinary fellowship may also join an IROC, and other professionals may be invited to partake in, and contribute to, this interprofessional collaborative at any time. Each trainee will have designated IROC meetings during which she/he is responsible for facilitating and leading an active discussion on a case in a way that emphasizes multifaceted case conceptualization, respect for various paradigms amongst of the participating disciplines, and overall growth in being a capable-respectful member of an interdisciplinary treatment team.

**Grand Rounds Trial**

During Grant Rounds Trial (GR Trial), presentations are made by the interns with a review of the relevant recent literature involving a problem in assessment or intervention. Each intern will present all the research for his or her Grand Rounds presentations on his or her assigned GR Trial day. The Director of Training and the internship cohort will critically review the research being presented and suggest possible further avenues of research.

**Culture, Society, and Community Seminar**

The Culture, Society, and Community seminar is a fairly new seminar that will integrate topics of diversity, communication, and the impact of society on psychotherapeutic relationship, other forms of interpersonal relationships, and intrapersonal functioning.

**Self-Care Activity**

The self-care activity is a half-hour weekly time set-aside to carry-out methods of self-care. It is hoped that by including these activities in the final stages on intern's formal training that current trainees will carry on methods of self-care in their work so as to combat work-related stress due to excessive work, stress, and/or burnout.

**Diversity Days Seminar**

The Diversity Days Seminar falls outside of the regularly scheduled didactics day, occurring on Wednesdays at noon. This multi-site seminar is offered every month as an opportunity for interns and training faculty to examine issues related to working with diverse populations. Presenters are expert practitioners and researchers employed in a variety of settings across the nation. Seminars are offered via V-Tel from remote sites. Presentations are usually followed by group discussion. Recent topics have included spirituality in combat, the role of acculturation in psychotherapy outcomes, white privilege, and psychotherapy with American Indian populations.

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**ADDITIONAL EXPERIENCES DURING THE INTERNSHIP YEAR****Group Supervision**

Group Supervision meets on a weekly basis, supervised by the Director of Training, Assistant Director of Training, and/or Deputy Assistant Director of Training. Interns discuss current cases

and elicit feedback from their supervisors and peers. Professional development issues and cohort dynamics may also be a focus of the Group Supervision meetings.

### **Psychology Grand Rounds**

Psychology Grand Rounds will be led by each intern one time during the training year. Interns, on a rotating basis, present a case in either assessment or intervention. Faculty, interns and other students attend and participate. Interns must present assessment data, review contemporary literature related to the disorder, and lead discussion concerning the diagnosis and treatment of the case. Attention is given to diversity in patients and populations presented.

### **Assessment Training Program**

The Assessment Training Program provides services to the Biloxi center and to the Mobile Outpatient Clinics (For Mobile OPC - when available). Consultation requests are received from a wide range of sources: Neurology, Medicine, Primary Care, Psychiatry, Extended Care, and even Employee Health. After learning to properly administer the assessment measures, Interns are assigned full psychological assessment reports throughout the year, with a minimum of four (4) cognitive and four (4) personality reports required. This training experience is supported through the Neuropsychology Seminar, Assessment Seminar, and individual and group supervision.

### **Role of Chief Intern**

The Chief Intern is appointed by the Director of Training on a rotating schedule from among the intern class. The primary job of the Chief Intern is to represent the intern class to the Director of Training and the Assistant Director of Training and to assist, as needed, with some of the duties relevant to the psychology training program. The Chief Intern is responsible for chairing the monthly Steering Committee Meeting. He or she also attends, as a representative and liaison for the intern class, a portion of the monthly Training Faculty Meeting. It is not uncommon for the Chief Intern to provide a listing of intern's telephone extensions, office numbers and routing symbols (a "locator list") at the beginning of each rotation and distribute Rotation Evaluation forms during the last week of the rotation for completion by interns and faculty. Chief Interns coordinate additional Director of Training or administrative leadership requests as needed. These varied duties are consistent with the overarching goals of the training program and needs of the Behavioral Health Service.

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## **INTERNSHIP TRAINING FACULTY**

### **Ronald W. Alexander, Ph.D.**

**Titles:** Clinical Health Psychologist

**School:** University of Alabama, Birmingham

**Internship:** Wilford Hall Medical Center, Lackland AFB, San Antonio, TX

**Post-doctoral Fellowship:** Clinical Health Psychology, Wilford Hall Medical Center, Lackland AFB, San Antonio, TX

**License:** Kansas, 1999 – Present

**Duties:** Dr. Alexander is responsible for providing a full spectrum of health psychology behavioral medicine services within the medical center. He is currently involved with the Health Psychology Behavioral Medicine Clinic, Behavioral Sleep medicine Clinic, MOVE! Program and the Traumatic Brain Injury-Polytrauma screening program. Dr. Alexander is currently a VHA national training consultant for the Cognitive Behavioral Therapy for Insomnia (CBT-I) training program.

**Professional Interests:** Dr. Alexander's theoretical orientation is primarily cognitive behavioral with an emphasis on comprehensive biopsychosocial assessment and treatment. His special passion is in the behavioral assessment and treatment of sleep disorders including insomnia, breathing-disordered sleep, and circadian rhythm disorders. He is an avid supporter of the integration of mental health professionals into primary care and specialty medical clinics, with strong emphasis on the behavioral health consultant model of care. He has special interest in the proper referral, and comprehensive assessment and treatment of veterans returning from the conflicts in Afghanistan and Iraq. Dr. Alexander is a strong advocate for patient-centered care and is a member of the GCVHCS Whole Health committee. He is currently developing programs to be provided under the Whole Health system of care.

**Personal Interests:** My family, travelling, soccer, music, movies, food, video games

### Eugenia Boozer, Psy.D

**Titles:** Clinical Neuropsychologist - MOPC

**School:** Florida Institute of Technology (PsyD-MS)

**Internship:** Tuscaloosa VA Medical Center, Tuscaloosa, AL

**Post-doctoral Fellowship:** Central Arkansas VA Healthcare System, North Little Rock, AR

**License:** Alabama, 2019 – present

**Duties:** Dr. Boozer operates the neuropsychology clinic at the Mobile CBOC. Duties include providing specialty consultative services in neuropsychology, administration/scoring and interpretation of various neurocognitive measures using a flexible battery approach and providing therapeutic feedback to patients and families. Future duty includes provision of graduate level supervision in affiliation with USA clinical psychology doctoral program.

**Professional Interests:** Professional interests include differential diagnosis of dementia, nuances and interactions of mental/emotional health and cognitive functioning, military TBI, and diversity and cultural considerations.

**Personal Interests:** Personal interests include yoga, hanging out with my German shepherd mix rescue dog, reading, long walks while listening to podcasts, and discovering new coffee shops, art galleries, and brunch cafes.

### Alicia Brown, Ph.D..

**Titles:** Licensed Psychologist Outpatient Mental Health

**School:** University of Georgia

**Internship:** Counseling and Psychological Services (CAPS ) – The University of Kansas

**License:** Hawaii

**Duties:** Dr. Brown works on the outpatient unit in the Behavioral Health department. She is a generalist practitioner, where she provides individual and group therapy. Her theoretical

orientation is Cognitive Behavioral Therapy (CBT), however, she also incorporates a plethora of other modalities including Gestalt, Transactional Analysis and Dialectical Behavioral Therapy (DBT). She is dedicated to providing evidence-based practices for the well-being of all veterans.

**Professional Interests:** Her interests include multiculturalism and diversity, Energy Psychology, and training and supervision.

**Personal Interests:** She enjoys cooking, traveling, ballet performances, making corny jokes, and improving her spiritual well-being.

### Beth A. Curry, Ph.D.

**Title(s):** Clinical Psychologist – Military Sexual Trauma (MST) Veteran Care Coordinator

**School:** University of Houston

**Internship:** Gulf Coast Veterans Health Care System, Biloxi-Gulfport, MS

**License:** Mississippi, 1996 – Present

**Duties:** Dr. Curry works as a psychologist in the Outpatient Mental Health (MH) Clinic at the Biloxi division of the Gulf Coast VA Healthcare System (GCVHCS). She serves as the Military Sexual Trauma (MST) Veteran Care Coordinator. She provides a wide range of psychological services including individual psychotherapy treatment, consultation and brief assessments to Veterans with a broad range of DSM-5 diagnoses including Depression, Anxiety, PTSD, Substance Misuse, Gender related issues, Relationship and Work-School Adjustment problems, Anger issues, Sleep Disturbance, Personality Disorders, and other Severe Mental Disorders including Bipolar disorder, Schizophrenia and Schizoaffective disorder. Dr. Curry covers the MH Outpatient Walk-in Clinic to assist in providing same day access to Veterans and participates in Behavioral Health Interdisciplinary Program (BHIP) treatment team meetings. She provides EAP Services to the Biloxi VA Staff as requested. She also provides training and supervision for graduate level psychology externs, and interns as well as post-graduate fellows through the General Mental Health Outpatient rotation with emphasis on MST and LGBT issues as part of the GCVHCS training program.

**Professional Interests:** Dr. Curry approaches psychotherapy from a predominately integrative perspective with emphasis on cognitive behavioral and psychodynamic therapeutic applications. Dr. Curry's professional interests include clinical evaluation, diagnosis and treatment of a wide array of mental disorders; individual and group psychotherapy processes; professional development graduate student training; supervision of graduate-post-graduate trainees and unlicensed professionals; women's mental health issues; diversity issues; MST; LGBT issues; and the use of mindfulness and metaphors in psychotherapy.

**Personal Interests:** Dr. Curry enjoys reading, gardening, doing small projects around the house, going to movies, traveling to new places, camping (or glamping), watching the Saints and football in general, trying new restaurants, spending time with family and friends, and indulging her four dogs and two cats who are mostly rescued animals.

### Racha Fares, Psy.D.

ABN Eligible

**Title:** Neuropsychologist

**Schools:** Florida State University, Webster University, and Adler University

**Internship:** Erie Psychological Consortium- Major rotation in neuropsychological services in outpatient and inpatient settings

**Post-doctoral Fellowships:**

1st year- Forensic Psychology/Neuropsychology Services and Rehabilitation Associates-Jonathan Mack, Psy.D. ABN

2nd year- Neuropsychology Practice-Patrick Gorman's

**License:** Florida, 2016 – present

**Duties:** Dr. Fares conducts full outpatient neuropsychological evaluations and occasional inpatient, bed side assessments. She is the Diversity Mentorship Coordinator and she coordinates and leads Neuropsych Seminar.

**Professional Interests:** Brain injury, movement disorders, agent orange, neurofeedback, cognitive rehabilitation, neurodevelopmental disorders and advocating for the profession.

**Personal Interests:** Poetry, traveling, backpacking, fitness and nutrition, fishing, kayaking, biking, and hiking.

### Shannon K. S. Fussell, Ph.D.

**Titles:** Director of Postgraduate Training, Rural & Underserved Interprofessional Fellowship; Director of Psychology Postdoctoral Training; Outpatient Mental Health Psychologist

**School:** Auburn University

**Internship:** The University Counseling Center – Florida State University

**Licenses:** Georgia and Mississippi

**Duties:** Dr. Fussell coordinates the Evidence Based Psychotherapy Seminar. She is a generalist practitioner in the Outpatient Mental Health clinic, where she provides individual, couple, and group psychotherapy and diagnostic evaluations. Her psychotherapy focus is on the therapeutic alliance, integrating evidence-based practices as appropriate (e.g., CBT, DBT, IPT, STAIR). She is experienced in providing conjoint therapy via the Integrative Behavioral Couple Therapy (IBCT) and Cognitive Behavioral Conjoint Therapy for PTSD (CBCT) models.

**Professional Interests:** Professional interests include training, supervision, developmental psychology, and the therapeutic alliance. Recommended reading includes *The Gift of Therapy* and *Love's Executioner*.

**Personal Interests:** Interests include cooking, enjoying food, exercising, kayaking, fishing, bike rides, being outside, playing instruments (with varying levels of proficiency) and singing (badly), being a dog mom, and trying new things.

### Angela P. Hatcher, Ph.D.

**Title:** Program Manager, RRTP-DOM (Residential Rehabilitation Treatment Program-Domiciliary)

**School:** Western Michigan University

**Internship:** Fulton State Hospital

**License:** Michigan, 2010 – Present

**Duties:** Dr. Hatcher is the Program Manager for the RRTP-DOM. Her duties in this role involve administrative and clinical oversight of a multidisciplinary team as well as assisting in clinical duties.

**Professional Interests:** Dr. Hatcher's professional interests include substance use disorders, harm reduction, offender treatment, forensic assessments, and psychopathy. Her theoretical orientation is behavioral, with a cognitive-behavioral influence.

**Personal Interests:** Her personal interests include spending time with her family, traveling, spending time on the water, reading, and watching Saints and Alabama football.

### Jeffrey S. Lawley, Ph.D.

**Titles:** Assistant Director of Intern Training (ADOT) Psychologist, Behavioral Health Acute Inpatient Unit; Assessment Seminar Coordinator

**School:** University of Southern Mississippi

**Internship:** Michigan State University Counseling Center

**License:** Louisiana, 2010 – present

**Duties:** Dr. Lawley is a generalist psychologist on the behavioral health acute inpatient unit. The acute unit consists of two locked wards that primarily serve Veterans who are in crisis and/or a danger to themselves or others. Individual duties include personality assessment and screening of cognitive functioning, individual and group therapy, and consultation as needed in these areas. Groups are on a broad range of topics, including mindfulness, impulse management, values-consistent behaviors, and psychoeducation. Interns are welcome to design and implement their own type of standing group. Collaborative duties include working with a large, diverse treatment team to coordinate acute care and plans for mental health treatment after discharge. Prior to working at the VA, Dr. Lawley was teaching at an M.S. program in counseling. Dr. Lawley also previously worked on the RRTP for several years.

**Professional Interests:** Professional interests include psychological assessment, supervision, career development, and multicultural issues in psychology. His theoretical orientation is primarily cognitive-behavioral, with heavy interpersonal, developmental, and narrative influences. (Constructivist, if you have been exposed to that).

**Personal Interests:** Personal interests include computers and technology, cars, tabletop and video games of all kinds, and history. A side interest in psychology is early childhood development, as he has a young son. His wife is also a psychologist, and they are patiently waiting for the day when their son realizes exactly what this means.

### Christopher M. Perez, Ph.D.

**Title:** Team Lead & Staff Psychologist (PTSD RRTP)

**School:** University of Southern Mississippi

**Internship:** Gulf Coast Veterans Health Care System (Biloxi VAMC)

**Postdoctoral Fellowship:** Memphis VA Medical Center (Trauma Recovery Services)

**License:** Mississippi (6/2021 – Present)

**Duties:** Dr. Perez serves as Staff Psychologist and Team Lead for the interdisciplinary PTSD RRTP, with roles involving clinical supervision, consultation, admissions coordination, psychodiagnostic assessment, treatment planning, provision of evidence-based group and individual treatments for PTSD and relevant comorbidities, patient staffing, and discharge planning. He also emphasizes the importance of ongoing program development and evaluation.

Further, he serves as the PR RTP Nursing Liaison and sits on the Psychology Postdoctoral Fellowship training faculty. Lastly, he emphasizes a scientist-practitioner model of both consuming and producing research, currently being in the early stages of data repository development.

**Professional Interests:** Evidence-based practices (EBPs) for trauma- and stressor-related disorders, behavioral sleep medicine, polytrauma, chemical dependency, program development and evaluation, cultural competence, interdisciplinary training, and research, non-exhaustively.

**Personal Interests:** I absolutely adore spending time with my family, which typically consists of chasing a toddler around until she retires to watch Peppa Pig or put stickers on any inanimate object within her grasp, while trying to discover which goofy noise will make my infant son laugh next and watching brain-numbing reality television (e.g., Survivor, 90-Day Fiancé) with my spouse. Originally being from the suburbs of Dallas, TX, I enjoy taking advantage of the local nature (e.g., saltwater fishing, golf, parks) and cuisine.

### Michael D. Prazak, Ph.D.

**Title(s):** Outpatient Mental Health Psychologist

**School:** University of North Dakota

**Internship:** Larned State Hospital (KS)

**Postdoctoral Fellowship:** Gulf Coast Veterans Healthcare System

**Licenses:** Alabama

**Duties:** Dr. Prazak practices in the Outpatient Mental Health clinic, providing group and individual therapy, assessment, and consultation as needed. He also provides training on clinical topics include psychodiagnostics and treatment recommendations to internship and fellowship trainees.

**Professional Interests:** Professional interests include diagnostic assessment, treatment of personality disorders, OCD, NSSI, suicidality, and SPMI. His theoretical orientation is integrated consisting primarily of brief, interpersonal dynamic and REBT. He also maintains research involvement, with present focus related to program evaluation, interpersonal behavior, and spirituality.

**Personal Interests:** Technology, reading, spirituality, animals, and film.

### Daniel A. Proto, Ph.D., ABPP-CN

**Titles:** Clinical Neuropsychologist (Joint Ambulatory Care Center, JACC)

**School:** Louisiana State University

**Internship:** University of Alabama—Birmingham School of Medicine Internship Consortium

**Post-doctoral Fellowship:** Michael E. DeBakey VA Medical Center, Houston, TX

**License:** Kansas, 2014 – Present; Florida, 2019 – Present

**Duties:** Dr. Proto manages all neuropsychological assessment consults for the JACC, as well as for the Eglin and Panama City CBOCs. His duties primarily entail conducting outpatient neuropsychological and psychological evaluations to assist in differential diagnosis, capacity determination, and treatment planning. He is also the former director of training of the JACC

interprofessional psychology internship program, and he coordinates the research seminar for the Biloxi interprofessional fellowship program.

**Professional Interests:** The assessment and treatment of neurocognitive disorders in adults, with particular interests in neurodegenerative diseases, vascular cognitive impairment, and influences on cognition from other non-CNS medical conditions. Dr. Proto also has a strong interest in training at all levels of graduate education, with a focus on assisting trainees in increasing their familiarity and knowledge of neuropsychological assessment, psychometric principles, and brain-behavior relationships. He has conducted clinically-oriented research relating to TBI, validity testing, and psychogenic non-epileptic seizures, and remains interested in these topics.

**Personal Interests:** Spending time with my family, exercise, reading, travel, baseball and other sports (more watching than playing), trying new food, music, and the occasional video game.

### Kray Scully, Ph.D.

**Title:** Graduate Psychologist – Residential Rehabilitation Treatment Program-Domiciliary (RRTP-DOM) & Quit Tobacco Clinic

**School:** The University of Southern Mississippi

**Internship:** Gulf Coast Veterans Healthcare System (Yes, I stuck around...)

**License:** Application in progress – Alabama

**Duties:** I currently work with Veterans in RRTP-DOM, primarily in the substance use and addictions emphases. Individual responsibilities I maintain include but are not limited to the following: individual and group psychotherapy services; comprehensive intake and suicide risk evaluation; progress monitoring through measurement-based care; admissions screening and assessment; comprehensive chart reviews for prospective admissions; program and group curriculum development and enhancement; and participation on interdisciplinary team including peer support, chaplaincy, medical staff, pharmacy, social work, and recreation therapy. There may be opportunities for exposure to violence risk assessment for Veteran disruptive behavior and providing behavioral support services for Veterans engaging in tobacco cessation efforts.

**Professional Interests:** I enjoy philosophical discussions regarding mitigation of barriers to care, challenging traditional ideas of readiness-to-change and substance abuse treatment, and “function v. form” when approaching patient care among other current, relevant topics. For theoretical orientation, I subscribe to more of theoretical integrationist perspective than other schools of thought. I primarily therapeutically operate from cognitive-behavioral, third-wave behavioral, and humanistic pillars, grounding conceptualization through a broad yet culturally sensitive biopsychosocial model.

**Personal Interests:** I’m one of the South’s only ice hockey fanatics (Go Rangers!). I’m into almost anything that has a competitive element, including most sports, video games, and game shows. I enjoy watching Twitch, browsing Reddit, and hearing any Harry Potter, The Office, or Impractical Jokers reference integrated into conversation. I like being outdoors whenever I can,

whether it's playing with my dog, Toby, working in the yard, or walking the Bay Bridge with my wife.

### **Walter B. Ware, Psy.D., M.S.C.P.**

**Titles:** Director of Intern Training (DOT), Clinical Psychologist - Acute Inpatient Unit

**School:** Regent University (PsyD-MS) and Fairleigh Dickinson University (MSCP)

**Internship:** Mississippi State Hospital

**License:** Mississippi, 2013 – present

**Duties:** Dr. Ware operates on one of the two units of the acute inpatient unit. Individual duties are variable but do include provision of group and individual psychotherapy services; psychological assessments for diagnostic clarification; provision and monitoring of brief outcomes assessments; neurocognitive screeners; oversight of formalized suicide risk evaluations; thorough chart summaries to examine for consistent behavioral trends; and other clinically relevant tasks that may be required. In addition to his clinical duties, Dr. Ware serves as the Director of Training for the Doctoral Internship program. He has previously worked within a PTSD Clinical Team, helped start and run a Substance Treatment and Recovery – Intensive Outpatient Program, and served a dual administrative-clinical role for a court-committed state hospital substance use treatment unit.

**Professional Interests:** Professional interests include the “mechanics” that underlie treatment approaches and theory, psychopharmacology, and acceptance-mindfulness behavioral therapies, amongst other topics. Theoretical orientation is primarily “3rd wave” cognitive-behavioral (primary influence is Acceptance and Commitment Therapy), but frequently includes variations of standard cognitive-behavioral, existential, solution-focused, and interpersonal theory into his overall conceptualizations and treatment approaches.

**Personal Interests:** Personal interests include regular exercise (cardio and weights), audiobook-driven outdoor walks, listening to music at cafes, peaceful water-based experiences, orchestral events, burning money on new electronic gadgets, VR and video games, and playing sports (primarily tennis, soccer-football, and baseball-softball).

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**INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA**

Date Program Tables are updated: 09/2021

**Program Disclosures**

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?

☒ Yes

☐ No

If yes, provide website link (or content from brochure) where this specific information is presented:

Please see Program Information section at beginning of this brochure for program disclosures and overview. Goals and mission of the program may also be found within this same section. In addition to specified program disclosures and mission, our program also adheres to general Veteran Affairs policies pertaining to appropriate work attire, submitting for personal leave, and other relevant issues. These policies are generally addressed during the 2 week orientation at the beginning of the training year.

**Internship Program Admissions**

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

See entire content of current brochure for a general overview of our program's goals, the general area our program is contained in, and general seminars and areas of emphasis of our generalist programmatic model.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours			Amount: <b>Minimum 300+ Hrs</b>
Total Direct Contact Assessment Hours			Amount: <b>Minimum 50+ Hrs</b>

Describe any other required minimum criteria used to screen applicants:

- 1.) Our program requires full completion of 3 full years of graduate courses and training (i.e. applicants must be in their 4<sup>th</sup> to 5<sup>th</sup> year of graduate coursework-training).
- 2.) 3 letters of recommendation with 2 from individuals familiar with one's applied clinical work and 1 from an individual familiar with academic coursework.

**Financial and Other Benefit Support for Upcoming Training Year\***

Annual Stipend/Salary for Full-time Interns	\$26,297	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	<u>Yes</u>	No
<b>If access to medical insurance is provided:</b>		
Trainee contribution to cost required?	<u>Yes</u>	No
Coverage of family member(s) available?	<u>*Yes</u>	No
Coverage of legally married partner available?	<u>*Yes</u>	No
Coverage of domestic partner available?	<u>*Yes</u>	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104 Hrs	
Hours of Annual Paid Sick Leave	104 Hrs	
In the event of medical conditions and/or family needs that require extended leave, does the program allow <b>reasonable unpaid leave</b> to interns/residents in excess of personal time off and sick leave?	<u>Yes</u>	No
Other Benefits (please describe): 1) Paid leave for 11 Federal Holidays 2) Up to 40 additional hours of potential approved leave for use on professionally oriented leave via dissertation defense, attending a conference, postdoctoral interviews, attending graduation ceremonies, etc. (*Note* Requests for this type of leave must be approved by Director of Training). *Specific inquiries about coverage of other individuals will need to be addressed with Human Resources directly upon initiation of the internship training year as rules and allowances may change.		

\*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

## Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2017-2021	
Total # of interns who were in the 3 cohorts	5/7/6 - (18 total)	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Academic teaching		
Community mental health center		
Consortium		
University Counseling Center		
Hospital/Medical Center	6	
Veterans Affairs Health Care System	8	3
Psychiatric facility		
Correctional facility		
Health maintenance organization		
School district/system		
Independent practice setting		
Other		1

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

## APPLICATION INFORMATION

### Eligibility

Applicants for the internship program must be degree candidates in APA-accredited doctoral programs in clinical or counseling psychology who have fulfilled departmental requirements for internship as certified by their university training director. Only US citizens are eligible to receive stipend support. A physical exam certifying good health is required of applicants who are selected for the internship program at the Gulf Coast Veterans Health Care System. A security background check is also required.

### Stipend and Benefits

VA Headquarters in Washington, DC notifies us in January of each year of the budget that we will receive for the following internship year. The 2021-2022 stipend is \$26,297 per year. There are ten federal holidays, and interns accrue an additional 26 days of leave during the year. Additionally, interns are granted authorized absence for dissertation related activities and

approved educational programs. Interns are eligible for optional Government Life and Health Insurance benefits.

### Applying

Application materials (AAPI) are located on the APPIC web site. **The application deadline is at 11:59 p.m. CST, Sunday, December 5, 2021.** We will receive your completed application when you select us as one of the sites for which you are applying. Our training program faculty will review your application via the Selection Portal of the APPIC site mentioned above. Applicants will be notified no later than December 20, 2021 as to whether they have been invited to interview. Invitations will be sent via email and will be conducted during **January 2022**.

### Recommendations

We require letters of recommendation from at least three (3) supervisors who are familiar with your academic and applied performance in psychology. One (1) of these letters should be from individuals familiar with your academic work and two (2) from individuals familiar with your applied work (e.g., practicum placements). “Letters of Readiness” from a program’s Director of Training cannot be one of these letters of recommendation.

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## AMERICAN PSYCHOLOGICAL ASSOCIATION (APA) ACCREDITATION

The Psychology Internship Training Program at the VA Gulf Coast Veterans Health Care System is accredited by the American Psychological Association (APA) and has been since 1980. Contact APA at: 750 First Street, NE, Washington, DC 20002-4242. Phone: (202) 336-5979. Visit the APA web site at <http://www.apa.org/>.

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## ASSOCIATION OF PSYCHOLOGY POSTDOCTORAL AND INTERNSHIP CENTERS (APPIC) MEMBERSHIP

The Psychology Internship Training Program at the Gulf Coast Veterans Health Care System is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and fully subscribes to their selection procedures and policies. This site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant. Please visit the APPIC web site to obtain additional information including the Uniform Application and Match Rules at <http://www.appic.org/>.

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## **CORRESPONDENCE**

Send requests for information to:

Walter B. Ware, PsyD, MSCP

Clinical Psychologist

Director of Intern & Extern Training - Biloxi

Gulf Coast Veterans Health Care System

400 Veterans Ave, Biloxi, MS 39531

Telephone: (228) 523-4999

Walter.Ware2@va.gov